

## TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy  
Statement on separate docushare  
document



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CLAIMANT'S NAME <b>Paul Feist</b>				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT <b>LWDA</b>			
POSITION <b>Undersecretary, Green Jobs</b>				BARGAINING UNIT <b>EXE</b>		DIVISION OR BUREAU				EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE <b>E-25</b>	
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS <b>801 K Street, Suite 2101</b>				TELEPHONE NUMBER <b>916-327-9064</b>			
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE	
		<b>CA</b>				<b>Sacramento</b>		<b>CA</b>		<b>95814</b>	

(1) MONTH/YEAR Feb 2010		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION		(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY		
(2) Date	Time			BREAKFAST	LUNCH	O.T., L.T. RELO. or DINNER		(A) COST OF TRANS	(B) TYPE USED			(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount
1		Stockton								65.00	65.000		
7	1600	Stockton - San Luis Obispo	94.08			18.00			PC	252	\$126.000	238.080	
8	1600	SLO - Stockton		6.00	10.00				PC	252	\$126.000	142.000	
(10) SUBTOTALS			94.08	6.00	10.00	18.00				504	\$252.000	65.00	\$445.08
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL											\$445.08		

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)		(11A) Summary					(12) NORMAL WORK HOURS <b>0800-1700</b>	
		Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code		
1st: Monthly Commute Pass		70000			000	100		(13) PRIVATE VEHICLE LICENSE
7th - 8th: Attended Press Conference w/Gov's Office Staff		70000			000	100		
		70000			000	100		(14) MILEAGE RATE CLAIMED <b>\$0.500</b>
								AGENCY ACCOUNTING OFFICE <b>USE ONLY</b> PAID BY REVOLVING FUND CHECK NUMBER
			Total		Document Reference	Prepared By		

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat-belt usage.

CLAIMANT'S SIGNATURE 	DATE <b>3/18/10</b>	(16) SIGNATURE OF SUPERVISOR 	DATE <b>3-23-10</b>
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)			



*See Instructions and \*Privacy Statement on separate docushare document*

CLAIMANT'S NAME Paul Feist						SSAN OR EMPLOYEE NUMBER*				DEPARTMENT LWDA			
POSITION Undersecretary, Green Jobs						BARGAINING UNIT EXE				DIVISION OR BUREAU EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE E-25			
RESIDENCE ADDRESS*						HEADQUARTERS ADDRESS 801 K Street, Suite 2101				TELEPHONE NUMBER 916-327-9064			
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE			
		CA				Sacramento		CA		95814			
(1) MONTH/YEAR Feb 2010	(3)	(4)  LOCATION  WHERE EXPENSES WERE INCURRED	(5)  MEALS  BREAKFAST LUNCH O.T., L/T, RELO or DINNER	(6)  INCIDENTALS	(7)  (A)  COST OF TRANS	(B)  TYPE USED	(C)  TRANSPORTATION  (D)  PRIVATE CAR USE		(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY			
(2) Date Time							Miles Amount						
24	0500	Sac - Denver, CO	6.00 10.00 18.00	6.00						40.00			
25	2130	Denver, CO - Sac	6.00 18.00			PC	18.00			42.000			
(10) SUBTOTALS			12.00 10.00 36.00	6.00			18.00			82.00			
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL										82.00			
(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)				(11A) Summary				(12) NORMAL WORK HOURS					
				Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	0800-1700			
				70000			000	100		(13) PRIVATE VEHICLE LICENSE			
				70000			000	100		(14) MILEAGE RATE CLAIMED \$0.500			
24th-25th: Attended National Govs. Assoc. Energy Financing Workshop in Denver, CO.				70000			000	100		AGENCY ACCOUNTING OFFICE USE ONLY			
				Total			Document Reference	Prepared By		PAID BY REVOLVING FUND CHECK NUMBER			
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DATE 3/18/10				(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT				DATE 3-23-10					
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)													